



**LUCILE SALTER PACKARD CHILDREN'S HOSPITAL
and
STANFORD UNIVERSITY MEDICAL CENTER**

**Department of Radiology
725 Welch Road
Palo Alto, California 94304**

Application for Pediatric Radiology Fellowship: _____ To begin _____

Please append a copy of your curriculum vitae

Name in Full: _____
Last First Middle

Address: _____

Telephone: () _____ () _____
daytime evening

Date of Birth: _____ Citizenship: _____

College: _____ Major: _____ Year Completed: _____

Degree: _____ Advanced Studies: _____ Degree: _____

Medical School: _____ Degree and Date: _____

Class Standing: Known _____ If unknown, your impression:

Upper 10% _____ Upper 1/3 _____ Middle 1/3 _____ Lower 1/3 _____

Honors and Awards

College _____

Medical School _____

Residency _____

Other _____

List internship, residencies, or fellowships served, using a separate sheet to complete the list, if necessary. Give dates and names of schools and hospitals involved. If you have ever left a training position for any reason other than the expiration of the usual term, please state the reason.

American Board of Radiology status:

Eligible: _____ Certified: _____ Date: _____

Other Board Certification: Specify: _____ Date: _____

Any research experience: (Attach separate sheet, if necessary) Yes ____ No ____

If yes, what? _____

Publications: _____

States in which licensed: _____

National and State Board Exams: (give dates and numerical results)

Membership in scientific and professional organizations: _____

Present state of health: _____

Extra-curricular activities: _____

(You may staple a recent
2" x 3" photo of yourself
in this space, if you wish)

Signature

Date